
County: Dane HEARTLAND COUNTRY VILLAGE 634 CENTER STREET Ownership: Highest Level License: Operate in Conjunction with CBRF? Title 18 (Medicare) Certified? Nonprofit Church-Related Skilled No Yes Average Daily Census: 44

Services Provided to Non-Residents	Age, Sex, and Primary Diagn	Length of Stay (12/31/0	00) %				
Home Health Care	No	Primary Diagnosis	%	Age Groups	%	Less Than 1 Year	46. 8
Supp. Home Care-Personal Care Supp. Home Care-Household Services	No No	Developmental Disabilities	0. 0	Under 65	2. 1	1 - 4 Years More Than 4 Years	31. 9 21. 3
Day Services	No No	Mental Illness (Org. /Psy)	23. 4	65 - 74	2. 1 8. 5	More man 4 fears	21. 3
Respite Care	No	Mental Illness (Other)	23. 4 14. 9	75 - 84	25. 5		100. 0
Adult Day Care	No	Al cohol & Other Drug Abuse	0.0	85 - 94	48. 9	****************	******
Adult Day Health Care	No	Para-, Quadra-, Hemi plegi c	10.6	95 & 0ver	14. 9	Full-Time Equival	ent
Congregate Meals	No	Cancer	0. 0			Nursing Staff per 100	
Home Delivered Meals	Yes	Fractures	14. 9		100. 0	(12/31/00)	
Other Meals	No	Cardi ovascul ar	6. 4	65 & 0ver	97. 9		
Transportation	No	Cerebrovascul ar	12. 8			RNs	9. 7
Referral Service	Yes	Di abetes	10. 6	Sex	%	LPNs	7. 0
Other Services	Yes	Respi ratory	6. 4			Nursing Assistants	
Provi de Day Programming for		Other Medical Conditions	0. 0	Male	17. 0	Aides & Orderlies	35. 3
Mentally Ill	No			Female	83. 0		
Provi de Day Programming for			100. 0				
Developmentally Disabled	No				100. 0		

Method of Reimbursement

	Medicare (Title 18)			Medicaid (Title 19)		Other P		Private Pay			Managed Care			Percent			
			Per Diem Per Diem			m	Per Diem			Per Dien	1	Per Diem Total			Of All		
Level of Care	No.	%	Rate	No	. %	Rate	No.	%	Rate	No	. %	Rate	No.	%	Rate	No.	Resi dents
Int. Skilled Care	0	0.0	\$0.00	0	0. 0	\$0.00	0	0. 0	\$0.00	0	0. 0	\$0.00	0	0. 0	\$0.00	0	0. 0%
Skilled Care	2	100.0	\$299. 51	22	91.7	\$104.71	0	0. 0	\$0.00	21	100.0	\$137.00	0	0.0	\$0.00	45	95. 7%
Intermediate				2	8.3	\$87. 39	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	2	4. 3%
Limited Care				0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0%
Personal Care				0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0%
Residential Care				0	0.0	\$0. 00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0%
Dev. Di sabl ed				0	0.0	\$0. 00	0	0.0	\$0.00	0	0. 0	\$0.00	0	0.0	\$0.00	0	0.0%
Traumatic Brain Inj	j. 0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0%
Ventilator-Depender	nt 0	0.0	\$0.00	0	0.0	\$0. 00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0%
Total	2	100.0		24	100. 0		0	0.0		21	100.0		0	0.0		47	100.0%

Admissions, Discharges, and Deaths During Reporting Period		Percent Distribution	of Residents'	Conditio	ns, Services,	and Activities as of	12/31/00
zenems zuring neperering rerreu				%	Needi ng		Total
Percent Admissions from:		Activities of	%		stance of	% Totally	Number of
Private Home/No Home Health	4.7	Daily Living (ADL)	Independent	One 0	r Two Staff	Dependent	Resi dents
Private Home/With Home Health	1.6	Bathi ng	0.0		63. 8	36. 2	47
Other Nursing Homes	3. 1	Dressi ng	6. 4		66. 0	27. 7	47
Acute Care Hospitals	87. 5	Transferring	6. 4		66. 0	27. 7	47
Psych. HospMR/DD Facilities	0.0	Toilet Use	6. 4		66. 0	27. 7	47
Rehabilitation Hospitals	0. 0	Eating	53. 2		34. 0	12. 8	47
Other Locations	3. 1	***************	******	*****	******	*********	******
Total Number of Admissions	64	Continence			Special Treat		%
Percent Discharges To:		Indwelling Or Externa		2. 1		Respiratory Care	10. 6
Private Home/No Home Health	9. 2	Occ/Freq. Incontinent		57. 4		racheostomy Care	0. 0
Private Home/With Home Health	40.0	Occ/Freq. Incontinent	of Bowel	27. 7	Receiving S		0. 0
Other Nursing Homes	1. 5				Receiving (0. 0
Acute Care Hospitals	7. 7	Mobility	-			ube Feeding	6. 4
Psych. HospMR/DD Facilities	1.5	Physically Restrained		19. 1	Receiving M	Æchanicallÿ Altered D	i ets 38.3
Rehabilitation Hospitals	0. 0						
Other Locations	1.5	Ski n Care				nt Characteristics	
Deaths	38. 5	With Pressure Sores		8. 5		ce Directives	59. 6
Total Number of Discharges		With Rashes		4. 3	Medications		
(Including Deaths)	65				Receiving F	Sychoactive Drugs	51. 1
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		Ownershi p:		Bed	Si ze:		ensure:		
	Thi s	s Nonprofit		50-	50-99		Skilled		
	Facility	Peer Group		Peer	Group	Peer	Group	Facilities	
	%	%	Ratio	%	Ratio	%	Ratio	%	Ratio
Occupancy Rate: Average Daily Census/Licensed Beds	88. 0	87. 8	1.00	87. 3	1. 01	84. 1	1.05	84. 5	1.04
Current Residents from In-County	72. 3	82. 6	0. 88	80. 3	0. 90	83. 5	0. 87	77. 5	0. 93
Admissions from In-County, Still Residing	26. 6	25. 9	1. 02	21. 1	1. 26	22. 9	1. 16	21. 5	1. 24
Admi ssi ons/Average Daily Census	145. 5	116. 8	1. 25	141. 8	1.03	134. 3	1.08	124. 3	1. 17
Discharges/Average Daily Census	147. 7	117. 3	1. 26	143. 0	1.03	135. 6	1.09	126. 1	1. 17
Discharges To Private Residence/Average Daily Census	72. 7	43. 9	1.65	59. 4	1. 23	53. 6	1. 36	49. 9	1.46
Residents Receiving Skilled Care	95. 7	91. 3	1.05	88. 3	1.08	90. 1	1.06	83. 3	1. 15
Residents Aged 65 and Older	97. 9	97. 1	1. 01	95. 8	1.02	92. 7	1.06	87. 7	1. 12
Title 19 (Medicaid) Funded Residents	51. 1	56. 2	0. 91	57. 8	0. 88	63. 5	0.80	69. 0	0.74
Private Pay Funded Residents	44. 7	37. 5	1. 19	33. 2	1.34	27. 0	1.65	22. 6	1. 98
Developmentally Disabled Residents	0. 0	0. 6	0.00	0. 7	0.00	1. 3	0.00	7. 6	0.00
Mentally Ill Residents	38. 3	36. 3	1.05	32. 6	1. 17	37. 3	1.03	33. 3	1. 15
General Medical Service Residents	0. 0	21. 1	0.00	19. 2	0.00	19. 2	0.00	18. 4	0.00
Impaired ADL (Mean)	56 . 6	50.8	1. 11	48. 3	1. 17	49. 7	1. 14	49. 4	1. 15
Psychological Problems	51. 1	50. 0	1. 02	47. 4	1.08	50. 7	1. 01	50. 1	1.02
Nursing Care Required (Mean)	8. 5	6.8	1. 25	6. 1	1.40	6. 4	1. 32	7. 2	1. 19